



Maury County Government

## VOLUNTEER APPLICATION

(Please Print)

DATE:		DATE OF BIRTH:	
LAST NAME:	FIRST NAME:	MI:	ARE YOU OVER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS:	CITY/STATE:	ZIP CODE:	HOME PHONE NUMBER:
EMPLOYER:	BUSINESS PHONE NUMBER:		OCCUPATION:
SCHOOL ATTENDING/ ATTENDED:	FIELD OF STUDY:		CAREER GOAL:
LOCAL EMERGENCY CONTACT PERSON:	RELATIONSHIP:		EMERGENCY CONTACT PHONE NUMBER:
I AM INTERESTED IN VOLUNTEERING FOR THE FOLLOWING REASON (S): _____ _____ _____			
I BRING THE FOLLOWING WORK/ VOLUNTEER EXPERIENCE AND SKILLS: _____ _____ _____			FOREIGN LANGUAGE SPOKEN FLUENTLY: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER (PLEASE SPECIFY)
<b>CONFIDENTIALITY AND COMMITMENT STATEMENT</b>  I UNDERSTAND AND AGREE THAT IN THE PERFORMANCE OF MY DUTIES AS A VOLUNTEER AT THE MAURY COUNTY GOVERNMENT, I MUST ABIDE BY ALL POLICIES AND PROCEDURES. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN MY DISMISSAL AS A VOLUNTEER.  I AM VOLUNTEERING MY SERVICES TO THE MAURY COUNTY GOVERNMENT FOR MY PERSONAL PURPOSES OR BENEFIT WITHOUT PROMISE OR EXPECTATION OF COMPENSATION OR BENEFITS.  VOLUNTEER'S SIGNATURE _____  AVAILABILITY DATE _____			